

TOWN OF COTTAGE GROVE Hwy N Cottage Grove, WI 53527 (608) 839-5021 Office BUILDING INSPECTOR: 837-3371	TOWN OF COTTAGE GROVE BUILDING PERMIT APPLICATION	CHECK : _____ RECIEPT #: _____ AMOUNT PAID: _____
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Building	HVAC	Electric	Plumbing	Erosion	Other
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Owner's Name	Mailing Address	Phone #: (include area code)
Contractor's Name	Mailing Address	Phone #: (include area code) ESTIMATED PROJECT COST:

PROJECT LOCATION List Below	Setbacks Rght:	Front:	Rear:	Lft:	COST: Office Use
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Address:	Project Description:
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ELECTRICAL PERMIT APPLICATION License Number:	COST: Office Use
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Contractors' Name:	Phone #: (include area code)
Mailing Address:	City & State:

PLUMBING PERMIT APPLICATION License Number:	COST: Office Use
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Contractor's Name:	Phone #: (include area code)
Mailing Address:	City & State:

HEATING, VENTILATING & AIR CONDITIONING PERMIT APPLICATION - License Number:	COST: Office use
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Contractor's Name:	Phone #: (include area code)
Mailing Address:	City & State:

Make Checks Payable to the **TOWN OF COTTAGE GROVE:** _____
SIGNATURE